

**Office of Public Carrier  
 Delaware Transit Corporation  
 119 Lower Beech Street STE 100  
 Ph: 1.800.652.3278 Prompt 7 • Fax: (302) 577.1042**

**Amend Color Scheme-Certificate of Public Convenience and Necessity Application**

<b>Section 1: Type of Operations</b>	
Filing Fee \$100.00	Receipt #: _____ <input type="checkbox"/> Cash <input type="checkbox"/> Check <input type="checkbox"/> Money Order
Docket #	
Type of Service	<input type="checkbox"/> Taxi <input type="checkbox"/> Limousine <input type="checkbox"/> Charter Bus <input type="checkbox"/> Non-Emergency Medical <input type="checkbox"/> Fixed Route
Current # of vehicles	
Service Territory	<input type="checkbox"/> Sussex County <input type="checkbox"/> Kent County <input type="checkbox"/> New Castle County <input type="checkbox"/> Statewide <input type="checkbox"/> Custom-describe below
If Custom, explain	

**Print or Type Only**

<b>Section 2: Applicant Information</b>	
Ownership	<input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Corporation <input type="checkbox"/> Limited Liability Corp (LLC) <input type="checkbox"/> S-Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Limited Liability Partnership (LLP)
Applicant's Name (If Corp., use bus. name)	
Trading As	
Mailing Address	
Location of Records (Not P.O. Box)	
Contact Name	
Federal I.D. No.	
Social Security No. (If applying as Sole Prop.)	
Business Phone No.	
Business Fax No.	
Cell Phone No.	
E-Mail Address	

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**Section 3: Proposed Color or Design**

**Letter of Intent**

Please provide a written statement and proposed color drawing, on company letterhead and addressed to the Audit & Compliance Operations Manager addressing the proposal to DeLDOT for a change in marking, painting, or designing of the company owned taxicab or charter bus. The proposed request will be reviewed by DeLDOT so as to not simulate vehicles of special design or markings operated by other carriers within the same local area.

Please label as **Attachment A**

**Section 4: Current Color or Design**

Submit a copy of the current color and design, utilized by your company, on company letterhead and addressed to the Audit & Compliance Operations Manager.

Please label as **Attachment B**

**Section 5: Certified Filing of Application**

Have all persons employed by/involved with the company named in this application, and therefore responsible for Public Carrier activities conducted by this company, read and understood the Public Carrier Law as it pertains to Public Carrier requirements (2 Del C. c. 18), and do these persons understand ALL of its provisions?  Yes  No

Sign a copy of PC-16 Record Keeping Certification and label as **Attachment C**

Before signing, please read the following statement carefully: Any false or substantive omission of information may be cause for rejection of application, or revocation of license (if license approval has been granted).

I, certify under penalty provided by law, that the statements made and the information furnished in this application are true, correct, and complete to the best of my knowledge and belief.

Signature of Applicant or Authorized Representative	Date
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**For Office Use Only**

Reviewer: \_\_\_\_\_ Date: \_\_\_\_\_

Office of Public Carrier Regulation Signature: \_\_\_\_\_

Approval:  Yes  No Date: \_\_\_\_\_

Chief of Fraud / Investigation Unit Signature: \_\_\_\_\_

Approval:  Yes  No Date: \_\_\_\_\_

Comments: \_\_\_\_\_

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